

PUBLIC HEALTH SCREENING AT U.S. PORTS OF ENTRY

A Guide for Federal Inspectors:

*U.S. Immigration and Naturalization Service
U.S. Customs Service
U.S. Department of Agriculture, APHIS
U.S. Fish and Wildlife Service*

**U.S DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL CENTER FOR INFECTIOUS DISEASES
DIVISION OF QUARANTINE**

REVISED OCTOBER 2000



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The U.S. Public Health Service (PHS) has statutory and regulatory responsibility to prevent the introduction, transmission, and spread of communicable disease from foreign countries into the United States. Applicable regulations are found in 42 CFR, Parts 34 and 71. These responsibilities are delegated to the Centers for Disease Control and Prevention (CDC), National Center for Infectious Diseases, Division of Quarantine.

Quarantine Stations are located at eight major international airports; each Quarantine Station has responsibility for all ports in an assigned geographic area (*see pp. 11–12*). You should know which Quarantine Station has jurisdiction over your port. Historically, PHS Quarantine Stations have been referred to in the port community simply as “PHS” or “Public Health.” As organizational names and assignments have changed over the years, that tradition has remained constant.

The Division of Quarantine is empowered to apprehend, detain, medically examine or conditionally release individuals (including U.S. citizens) suspected of having one of the following diseases:

- ✓ **Cholera and Suspected Cholera**
- ✓ **Diphtheria**
- ✓ **Infectious Tuberculosis**
- ✓ **Plague**
- ✓ **Suspected Smallpox**
- ✓ **Yellow Fever**
- ✓ **Suspected Viral Hemorrhagic Fevers, such as Lassa, Marburg, Ebola, Congo-Crimean, and others not yet isolated or named.**

Foreign Quarantine regulations require that the death or illness of an arriving international passenger or crew member be reported by the captain of the arriving ship or airplane to the Quarantine Station having responsibility for the port of entry; however, illnesses are not always reported. The following guidelines should be observed by all inspection personnel.

I. Inspection of Arriving Persons

Observe all arriving passengers and crew for signs and symptoms of illness, such as rash, unusually flushed or pale complexion, jaundice (unusual yellowing of skin and eyes), shivering, profuse sweating, diarrhea, and inability to walk without assistance.

A person is considered to be **ill** in terms of Foreign Quarantine regulations when signs/symptoms meet the following criteria:

- 1. Temperature of 100° F (38° C) or greater, which is accompanied by one or more of the following: rash, jaundice, glandular swelling, or which has persisted for 2 days or more.**
- 2. Diarrhea severe enough to interfere with normal activity or work (three or more loose stools within 24 hours or a greater than normal number of loose stools).**

Detain ill passengers and crew, and ask for details about symptoms and itinerary. At a port of entry where a Quarantine Station is staffed, that Station should be notified and a quarantine inspector will investigate. If there is no quarantine inspector at your port, the appropriate Quarantine Station (*see pp. 11–12*) should be notified. The Quarantine Station will release or conditionally release the ill person, or, if the circumstances warrant, call a physician to conduct an examination and recommend appropriate action.

II. Check Itineraries

It is sometimes necessary to check the itinerary of arriving persons *whether or not they are ill* because of a known communicable disease outbreak abroad. Specific itineraries may be connected with a need for appropriate preventive measures. If this situation should arise, CDC will direct that each arriving person be asked if he/she has been in the

infected country within a specified number of days. If so, the person will either be given printed information or referred to the appropriate Quarantine Station .

III. Health Alert Notice

A Health Alert Notice (Form CDC 75.8, *see Attachment 1*) provides general guidance for travelers arriving from areas where they may have been exposed to a communicable disease. When directed to do so, issue a Health Alert Notice to each arriving person or to each adult in a family group. A Health Alert Notice need not be issued to persons who routinely cross at U.S.-Mexican border and U.S.-Canadian border ports of entry.

IV. Medical Inspection of Arriving Aliens

The Immigration Act of 1996 revised the health-related grounds for inadmissibility under Section 212(a) of the Immigration and Nationality Act, as of September 30, 1996. Section 212(a) provides that any alien is inadmissible who (1) is found to have a communicable disease of public health significance, (2) fails to present documentation of having received vaccination against vaccine-preventable diseases, (3) has or had a physical or mental disorder with associated harmful behavior that poses or may pose a threat to the property, safety, or welfare of the alien or others, or (4) is a drug abuser or addict.

Medical Documents Missing or Incomplete: Inspectors should immediately advise the appropriate Quarantine Station when an immigrant arrives without medical documents or with incomplete medical documents.

X-rays: When processing an alien, DO NOT keep his/her chest X-ray film. This is an important medical document that the alien should retain as part of his/her permanent health record.

Medical Holds: Refer to the appropriate Quarantine Station all aliens for whom a "Medical Hold" (*see Attachment 2*) should be issued. Candidates for a "Medical Hold" are:

- All aliens who are not routinely required to have a medical examination and who, upon arrival in the United States, exhibit a physical condition that may be inadmissible under Section 212(a) of the Immigration and Nationality Act.
- All aliens who are not routinely required to have a medical examination and who, upon arrival in the U.S., exhibit variations in behavior that may indicate a physical or mental disorder that may pose a threat to the property, safety or welfare of the alien or others, may be inadmissible under Section 212(a) of the Immigration and Nationality Act.
- All aliens who require a medical examination overseas (immigrants, refugees,

fiance[e]s of U.S. citizens and their minor children), but who arrive without evidence or with incomplete evidence of having had one performed, or with documentation that has expired. Satisfactory evidence can consist of a properly completed "Medical Examination of Applicants for United States Visas" (Optional Form 157, *see Attachment 4*), with results of chest X-ray and serologic tests for syphilis and human immunodeficiency virus (HIV) infection indicated. Chest X-ray and serologic tests are required for aliens 15 years of age and older.

The Class A or B Condition Stamp: All aliens with a Class A condition or a Class B condition, including tuberculosis, not infectious; and Hansen's disease (leprosy), not infectious. These aliens should have a stamp imprinted on the face of their visa (OF-155A, *see Attachment 3*) as follows:

**Class A or Class B Condition
Requires Attention of
USPHS at Port of Entry**

Consular officers should stamp the OF-155A when an immigrant has a medical condition of public health concern, but sometimes this step is inadvertently omitted. The inspector should check all OF-157's, regardless of whether the "Attention PHS" stamp is present.

Processing Aliens with Medical Conditions: When Quarantine Station personnel are not available to process aliens with these medical conditions, retain a copy of the OF-157. On the reverse side, write the alien's U.S. address, sponsor's name and address, arriving flight and date, port of entry, and the INS inspector's name. A photocopy of the alien's visa (OF-155A) is satisfactory in lieu of transcribing this information on the reverse of the OF-157, provided that the address is correct on the OF-155A and that the flight number and date of arrival are recorded on the OF-155A before the photocopy is made. The OF-155A and/or OF-157 with the requested information should be given, mailed, or sent by fax to the appropriate Quarantine Station (*see pp. 11-12*).

Documentation of Class A Condition: If the alien has a Class A communicable disease of public health significance, copies of the OF-157, OF-155A, and both sides of the I-601 waiver application (*see Attachment 5*) should be given or mailed to the appropriate Quarantine Station (*see pp. 11-12*). The statements to be completed by waiver applicants who are HIV positive or who have Hansen's disease (*For example, see Attachment 6*) will be affixed to the back of the I-601 waiver application by CDC Division of Quarantine staff. See IMMACT Wire #65 dated August 7, 1991, (not included in this handbook) for further information.

Harmful Behavior: If the alien has a Class A physical or mental disorder with associated harmful behavior, a copy of USPHS/CDC form 4.422-1, "Statements in

Support of Application for Waiver” (see Attachment 6) should be given or mailed to the appropriate Quarantine Station, along with the OF-157, OF-155A, and I-601.

Drug Abuse or Addiction - No Waiver Provision: There is no waiver provision in the law for aliens applying for immigrant visas who are found under Section 212(a)(1)(A)(iv) to be inadmissible because of drug abuse or addiction. If an alien arrives with a visa indicating Class A drug abuse or addiction, please refer to the appropriate Quarantine Station.

Refugees and Asylees: Refugees and asylees normally arrive at ports where quarantine inspectors are assigned, but this may not always be the case. Notify the appropriate Quarantine Station (see pp. 11–12) of all refugees and asylees entering the United States for the first time. If a quarantine inspector is not available to process the refugee or asylee, you will be asked to obtain the following information, usually by making copies of documents carried by the refugee or asylee. This information is necessary to ensure that all refugees and asylees receive a health screening and any appropriate immunizations or treatment at the place of resettlement:

Name of Refugee	Sponsor’s Telephone
Sex	Number
Date of Birth	Name of Sponsoring
Country of Birth	Agency
Language Spoken	Date of Arrival
“A” Number	Flight and Block Time
Name of Local Sponsor	Port of Arrival
Address of Sponsor	

Parolees: Every effort should be made to determine the tuberculosis status of parolees prior to release and refer those who are suspected of having infectious tuberculosis to the appropriate Quarantine Station.

V. Importations of Public Health Importance

Animals

Of the animals commonly kept as pets, only dogs, cats, monkeys, and turtles are specifically mentioned in the Foreign Quarantine Regulations. Other species are not subject to PHS restrictions. The requirements of other agencies, such as the U.S. Department of Agriculture and the U.S. Fish and Wildlife Service, may also have an impact on the entry of pets into the U.S.

The general requirement is that all dogs, cats, monkeys, and turtles intended for importation into the United States shall be visually examined by inspecting personnel. Only those that are free of gross evidence of infectious diseases may be admitted. Animals that show signs of illness (e.g., emaciation, lesions of the skin, nervous system disturbances, jaundice or diarrhea) shall be examined, tested, or treated by a licensed veterinarian at the owner's expense. Contact the appropriate Quarantine Station when the above conditions are present. Specific requirements are as follows:

Cats

Cats are subject only to the general requirements for entry as stated above. No rabies vaccination or health certificate is required for entry.

Dogs

Regardless of age, dogs may be released without restriction if they appear to be healthy and have been exclusively in a rabies-free area (*see Attachment 7*) for at least 6 months immediately preceding arrival or since birth. Dogs arriving from countries other than those listed as rabies-free may be admitted if they meet all of the following requirements:

- **Greater than 3 months of age**
- **Free of gross evidence of infectious disease**
- **Accompanied by a valid certificate of vaccination against rabies. This certificate shall:**
 - ✓ **Identify the dog**
 - ✓ **Be signed by a licensed veterinarian**
 - ✓ **Specify the expiration date, which should not be earlier than the date of arrival; if the expiration date is not indicated on the certificate, it shall be valid for only 1 year from the date of issue.**
 - ✓ **Specify the date of vaccination, which shall not be less than 30 days prior to the date of arrival.**

For a dog that is subject to the rabies vaccination requirement and appears to be healthy, but does not have a valid rabies certificate as outlined above, CDC form 75.37 (*see Attachment 8*) must be completed and forwarded to the appropriate Quarantine Station (*see pp. 11–12*) for distribution. The form must be signed by the owner or agent. CDC 75.37 is to be prepared when:

- **The dog is greater than 3 months old and has no certificate:** Release the dog provided the owner agrees to place the dog in confinement immediately upon arrival at destination and have it vaccinated against rabies within 4 days. The dog must then be confined for an additional 30 days following vaccination. Confinement is defined as restriction of the animal to a building or other enclosure, in isolation from other animals and people, except for contact necessary for its care. If the dog is allowed out of the enclosure, the owner must muzzle the dog and use a leash.
- **The dog is greater than 3 months old and has a certificate showing a vaccination done less than 30 days prior to arrival:** The owner is required to confine the dog for the balance of 30 days.
- **The dog is less than 3 months old:** The owner is required to confine the dog until it is 3 months old, then have it vaccinated and confined for 30 additional days. A vaccination certificate presented for a puppy less than 3 months old cannot be accepted.

Monkeys and Other Nonhuman Primates

Pet Monkeys Banned: Live monkeys and other nonhuman primates may not be imported for use as pets under any circumstances. They may only be imported into the United States for bona-fide scientific, educational, or exhibition purposes. Importers must be registered with CDC, and are responsible for implementing specific disease control measures while the animals are imported and cleared, transported to the importer's facilities, and quarantined for a 31-day period. Registered importers must also hold a special permit, issued by CDC, to import cynomolgus, rhesus, or African green monkeys.

Verify Importer Status: Contact the appropriate Quarantine Station (*see pp. 11–12*) when primates are presented for entry to verify that the importer is currently registered as an importer of nonhuman primates and that, if required, a special permit has been issued.

Illegally Imported Monkeys: If a monkey owned by a passenger arrives hand-carried or as baggage, isolate the animal and call the Quarantine Station for advice immediately. **DO NOT** handle the animal or allow others near its enclosure.

Seizure: Inadmissible nonhuman primates are seized and re-exported to the country of origin, donated to facilities approved by CDC, or destroyed. Form CDC 75.10D is to be used (*see Attachment 9*). Quarantine Station staff will provide guidance.

Animal Acts: Nonhuman primates that are part of a legitimate animal performing act may, if appropriately registered with CDC, be transported from and returned to the United States. The CDC registration for these acts is in the form of a letter on CDC letterhead; it grants re-importation privileges only for specific animals (i.e., no new primates may be imported as part of an animal act). The letter must be presented at the time of entry to satisfy CDC requirements for re-importation.

Turtles

Live turtles with a carapace (shell) length of ***less than*** 4 inches (measured in a straight line from front to back) and viable turtle eggs may ***not*** be imported into the United States for ***commercial purposes***. An individual may import turtles of less than 4-inches in shell length only if the importation is ***not*** for ***commercial purposes*** and the importation includes no more than one lot containing fewer than seven live turtles, fewer than seven viable turtle eggs, or any combination thereof totaling fewer than seven. CDC may issue a permit for an importation of more than the permitted number when the importation is for a bona-fide noncommercial scientific or exhibition purpose.

CDC has no restrictions on the importation of live turtles with a carapace length of greater than 4 inches.

Goatskin Products from Haiti

Untanned goatskin products from Haiti may not be imported into the United States because they may carry anthrax. These items must be seized and incinerated. Precautions (gloves and mask, at a minimum) must be observed when goatskin products from Haiti are handled.

Human Remains

Examine the death certificate to determine the cause of death. Admit unless the person died of a quarantinable disease (cholera, plague, yellow fever, infectious tuberculosis, diphtheria, suspected smallpox, or suspected viral hemorrhagic fever), in which case the casket must be hermetically sealed. If there is no evidence that the casket is hermetically sealed, hold and contact the appropriate quarantine station for instructions. Ashes may be admitted without restriction, regardless of the cause of death.

Permits Required for Etiologic Agents and Vectors of Disease

It is impractical to list the several hundred species of etiologic agents and vectors for which a permit is required. The intent of the permit requirement is to control the importation of etiologic agents and vectors and ensure that permitted shipments are adequately packaged. Any shipment for which a permit has been issued may be immediately released. The following classes of imports require a permit issued by CDC (*see Attachment 10*) :

- Any living insect or other living arthropod known to be or suspected of being infected with any disease transmissible to humans; also, if alive, any bedbugs, fleas, flies, lice, mites, mosquitoes, or ticks, even if uninfected. This includes eggs, larvae, pupae, and nymphs, as well as adult forms
- Any animal known to be or suspected of being infected with any disease transmissible to humans
- All live bats
- Unsterilized specimens of human and animal tissue (including blood), body discharges and excretions, or similar material, when known to be or suspected of being infected with disease transmissible to humans
- Any culture of living bacteria, virus, or similar organism known to cause or suspected of causing human diseases
- Any snails capable of transmitting schistosomiasis.

Note: Form CDC 75.41, “Denied Entry/Disposition” (see Attachment 11) should be completed whenever an item is denied entry under Foreign Quarantine Regulations.

VI. Contact Information

All questions about application of these guidelines should be directed to the Quarantine Station having jurisdiction over your port of entry. A Quarantine Officer is on duty or on call at each Quarantine Station 24 hours per day, 7 days per week.

Contact information is found on pages 11-12.

Quarantine Stations

Los Angeles, California

Los Angeles International Airport—LAX
380 World Way, Box N19
Los Angeles, CA 90045
310-215-2365
FAX: 310-215-2285

Officer-in-Charge: Michael J. Marty
All ports in the southern half of California; all ports in Arizona, Colorado, Texas and New Mexico; the entire U.S.—Mexico border; Las Vegas, NV

San Francisco, California

San Francisco International Airport—SFO
P.O. Box 280548 SFIA
San Francisco, CA 94128-0548
650-876-2872
FAX: 650-876-2796

Officer-in-Charge: Susan A. Dwyer
All ports in the northern half of California; Utah; Reno, NV

Miami, Florida

Miami International Airport—MIA
P.O. Box 996488
Miami, FL 33299-6488
305-526-2910
FAX: 305-526-2798
Officer-in-Charge: Anthony W. Drew
All ports in Florida, Puerto Rico, and the U.S. Virgin Islands

Atlanta, Georgia

Hartsfield Atlanta Int'l Airport—ATL
P. O. Box 45256
Atlanta, GA 30320
404-639-1220
FAX: 404-639-1224
Officer-in-Charge: Terrence D. Daley
All ports in Georgia, North Carolina, South Carolina, Tennessee, Alabama, Mississippi, and Louisiana

Honolulu, Hawaii

Honolulu Int'l Airport—HNL
300 Rodgers Boulevard, #67
Honolulu, HI 96819-1897
808-861-8530 or 8531
FAX: 808-861-8532
Officer-in-Charge: Robert Tapia
All ports in the State of Hawaii

Chicago, Illinois

O'Hare International Airport—ORD
P.O. Box 66012
Chicago, IL 60666-0012
773-894-2961 (12:00 N-8:00 PM Daily)
773-894-2960 (24-Hr. Ans. Service)
FAX: 773-894-2970
Officer-in-Charge: Martha S. Remis
All ports in Illinois, Indiana, Kentucky, Michigan, Minnesota, Missouri, Ohio, Pennsylvania (Erie), and Wisconsin; Toronto, Ontario, Canada

New York, New York

JFK International Airport—JFK
Room 2339 Int'l Arrivals Bldg.
Jamaica, NY 11430-1081
718-553-1685,6,7
FAX: 718-553-1524
Officer-in-Charge: Margaret A. Becker
All ports in Delaware, New Jersey, New York, Pennsylvania (except Erie), Connecticut, Maine, Vermont, Massachusetts, Rhode Island, New Hampshire, Maryland, Virginia; the District of Columbia; Montreal, Quebec, Canada

Seattle, Washington

Seattle-Tacoma Int'l Airport—SEA
Room S-212
Seattle, WA 98158-1720
206-553-4519
FAX 206-553-4455
Officer-in-Charge: Jenny Ansdell
All ports in Idaho, Montana, North Dakota, Oregon, Washington, Alaska; Vancouver, British Columbia, Canada

Headquarters

**Centers for Disease Control and Prevention
National Center for Infectious Diseases
Division of Quarantine (E-03)
Atlanta, Georgia 30333**

Program Operations Branch

James E. Barrow, Chief
Thomas A. DeMarcus
David F. Rogers
David K. Kim, M.D.
404-639-8107/8108
FAX 404-639-2599

Health Information for International Travel

The best and most complete source of health information for international travel is the CDC World Wide Web site:

<http://www.cdc.gov>

Other Travelers' Health Resources

Toll-Free 24-Hour Fax Hotline: To select information with touchtones to be sent via fax, dial 1-888-CDC-FAXX (1-888-232-3299)

To learn about disease outbreaks, to obtain publications, or to listen to messages about specific diseases, dial 1-877-394-8747 (1-888-FYI-TRIP).

ATTACHMENTS

1. Form CDC 75.8, "Health Alert Notice"
2. Form CDC 75.40, "Medical Hold"
3. Form OF-155A, "Immigrant Visa and Alien Registration," showing PHS stamp
4. Form OF-157, "Medical Examination of Applicants for United States Visas"
5. Form I-601, "Waiver Application"
6. Form CDC 4.422-1, "Statements in Support of Application for Waiver"
7. List of rabies-free countries
8. Form CDC 75.37, "Notice to Owners and Importers of Dogs"
9. Form CDC 75.10D, "Importation/Disposition of Nonadmissible Nonhuman Primates"
10. Form CDC 0.728, "Permit to Import or Transfer Etiological Agents or Vectors of Human Disease"
11. Form CDC 75.41, "Denied Entry/Disposition"
12. Class Objectives

Health Alert Notice (Form CDC 75.8)

NOTE: The actual "Yellow Card" is smaller than reproduced below.

Side One

<p>Health Alert Notice <i>For International Travelers Arriving in the United States</i></p> <hr/> <p>To The Traveler</p> <p>Keep this card in your wallet or purse for 6 weeks. If you become ill during this time, give this card to your physician and tell him/her about your recent travel outside the United States. You may have been exposed to a communicable disease before arriving in the United States, and knowing about this may be helpful to your physician in making a diagnosis.</p> <p style="text-align: center;">U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Public Health Service Centers for Disease Control and Prevention National Center for Infectious Diseases Division of Quarantine CDC 75 8 REV. 8-93</p> <div style="display: flex; justify-content: space-between; align-items: center;">   </div>	
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Side Two

<p>To The Physician</p> <p>The patient presenting this card has recently been abroad and may have been exposed to a communicable disease not commonly seen in the United States. If you suspect an unusual infectious disease in this instance (cholera, hemorrhagic fever, malaria, yellow fever, etc.) please report it immediately to your city, county, or State Health Officer and also to the Division of Quarantine, Centers for Disease Control and Prevention, Atlanta, GA 30333 (404-639-8107; nights, Sundays, and holidays 404-639-2888). The United States is currently trying to eliminate measles. If you suspect measles, please notify your local or State Health Department by telephone on the first available working day. PLEASE DO NOT DELAY REPORTING UNTIL LABORATORY CONFIRMATION. This is not an insurance ID card.</p> <p style="font-size: small;">CDC 75 8 REV. 8-93 (Back)</p>
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Medical Hold

Station	Date
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Name

Age	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Passenger	<input type="checkbox"/> Crew
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Carrier

Visa Information

Number	Type
Issued At	Date of Issue

OF 157 Information

Issued At	Date of Issue
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Name of Physician

Diagnosis

Reason for Hold

Present To:

(Name of Medical Facility)

(Address)

(City and State)

(Signature of Quarantine Officer, USPHS)

To Be Completed By Medical Facility

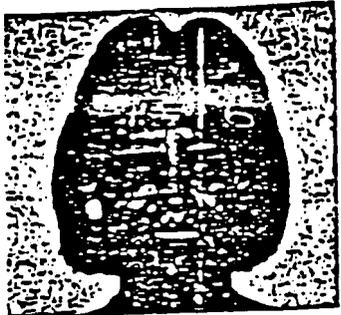
NOTE: One copy of completed form is to be returned to the U.S. Quarantine Station named above.

Final Diagnosis or Report of Negative Findings

Name(s) of Examiner(s)	Title or Rank

UNCLASSIFIED

IMMIGRANT VISA AND ALIEN REGISTRATION		IV-40,380,104
OF: (Family Name) (First Name) (Middle Name) LEE MEE NYONG		<input type="checkbox"/> THE IMMIGRANT HAS BEEN PREVIOUSLY IN THE UNITED STATES
ACTION BY IMMIGRATION INSPECTOR		INS FILE #, IF KNOWN
THE IMMIGRANT NAMED ABOVE ARRIVED IN THE UNITED STATES VIA (Name of vessel or flight no. of arrival)		INELIGIBILITY FOR VISA WAIVED UNDER SECTION <input type="checkbox"/> 212(e) <input type="checkbox"/> 212(n) <input checked="" type="checkbox"/> 212(g) <input type="checkbox"/> 212(r)
CITY AND COUNTRY OF BIRTH SEOUL, KOREA		MO-DAY-YR OF BIRTH 04APR54
CITY AND COUNTRY OF LAST RESIDENCE SEOUL, KOREA		NATIONALITY KOREAN
MARITAL STATUS <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> D <input type="checkbox"/> O <input type="checkbox"/> SEP	MOTHER'S FIRST NAME HONG	FATHER'S FIRST NAME JUNG
FINAL ADDRESS IN THE UNITED STATES STREET ADDRESS, INCLUDE—IN CARE OF & APT# IF APPLICABLE 3031 BOXWOOD DRIVE	CITY, STATE AND ZIP CODE, IF AVAILABLE NEW YORK, NEW YORK 10025	
SEC. 212(b)(14) LABOR CERTIFICATION <input checked="" type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> NOT REQUIRED <input type="checkbox"/> ATTACHED	OCCUPATION HOUSEWIFE	
This visa is issued under Section 214 of the Immigration and Nationality Act, and upon the basis of the facts stated in the application. Possession of a visa does not entitle the holder to enter the United States if at the time he seeks to enter he is found to be inadmissible. Upon arrival in the United States, it must be surrendered to a United States Immigration Officer.		
AMERICAN EMBASSY AT SEOUL, KOREA Larry W. Mason Consular Officer of the United States of America Larry W. Mason, Vice Consul		<p style="text-align: center;">FOR TRAINING PURPOSES ONLY</p> <p style="text-align: center;">IMMIGRANT CLASSIFICATION</p> <p>CLASSIFICATION SYMBOL P2-1</p> <p>FOREIGN STATE/OTHER AREA LIMITATION KOREA</p> <p>IMMIGRANT VISA NO. SEO 000 0000 0 00</p> <p>ISSUED ON (Day) (Month) (Year) 27JAN85</p> <p>THE VALIDITY OF THIS VISA EXPIRES MIDNIGHT AT THE END OF (Day) (Month) (Year) 25MAY85</p> <p>PASSPORT NO. 0000000</p> <p>OR OTHER TRAVEL DOCUMENTS (Describe)</p> <p>ISSUED TO</p> <p>BY</p> <p>ON</p> <p>EXPIRES</p>
ACTION OF I.J.		IV-40380104
ACTION ON APPEAL		CLASS A OR CLASS B (T) REQUIRES ATTENTION OF USPHS AT POE



Tarif No. 21
Fee Paid \$75
Local Cy. Equiv.

MEDICAL EXAMINATION OF APPLICANTS FOR UNITED STATES VISAS				PLACE																								
				DATE OF EXAMINATION (Mo., Day, Yr.)																								
At the request of the American Consul at	CITY		COUNTRY																									
I certify that on the above date I examined	NAME (Last in CAPS) (First) (Middle)		DATE OF BIRTH (Mo., Day, Yr.)	SEX <input type="checkbox"/> F <input type="checkbox"/> M																								
	WHO BEARS PASSPORT NO.		ISSUED BY	ON																								
GENERAL PHYSICAL EXAMINATION																												
I examined specifically for evidence of the conditions listed below. My examination revealed:																												
<input type="checkbox"/> No apparent defect, disease, or disability <input type="checkbox"/> The conditions listed below were found (Check boxes that apply)																												
CLASS A CONDITIONS (Give pertinent details under Remarks)			CLASS B CONDITIONS																									
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; padding: 5px;"><input type="checkbox"/> Chancroid</td> <td style="width: 33%; padding: 5px;"><input type="checkbox"/> Hansen's Disease, Infectious</td> <td style="width: 33%; padding: 5px;"><input type="checkbox"/> Tuberculosis, Active</td> <td style="width: 33%; padding: 5px;"><input type="checkbox"/> Tuberculosis, Not Active</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Gonorrhea</td> <td style="padding: 5px;"><input type="checkbox"/> Lymphogranuloma Venereum</td> <td style="padding: 5px;"><input type="checkbox"/> Human Immunodeficiency Virus (HIV) Infection</td> <td style="padding: 5px;"><input type="checkbox"/> Hansen's Disease, Not Infectious</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Granuloma Inguinale</td> <td style="padding: 5px;"><input type="checkbox"/> Syphilis, Infectious</td> <td style="padding: 5px;"><input type="checkbox"/> Mental Defect</td> <td style="padding: 5px;"><input type="checkbox"/> Other Physical Defect, Disease or Disability:</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Mental Retardation</td> <td style="padding: 5px;"><input type="checkbox"/> Previous Occurrence of One or More Attacks of Insanity</td> <td style="padding: 5px;"><input type="checkbox"/> Narcotic Drug Addiction</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Insanity</td> <td style="padding: 5px;"><input type="checkbox"/> Psychopathic Personality</td> <td style="padding: 5px;"><input type="checkbox"/> Chronic Alcoholism</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Sexual Deviation</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> </table>					<input type="checkbox"/> Chancroid	<input type="checkbox"/> Hansen's Disease, Infectious	<input type="checkbox"/> Tuberculosis, Active	<input type="checkbox"/> Tuberculosis, Not Active	<input type="checkbox"/> Gonorrhea	<input type="checkbox"/> Lymphogranuloma Venereum	<input type="checkbox"/> Human Immunodeficiency Virus (HIV) Infection	<input type="checkbox"/> Hansen's Disease, Not Infectious	<input type="checkbox"/> Granuloma Inguinale	<input type="checkbox"/> Syphilis, Infectious	<input type="checkbox"/> Mental Defect	<input type="checkbox"/> Other Physical Defect, Disease or Disability:	<input type="checkbox"/> Mental Retardation	<input type="checkbox"/> Previous Occurrence of One or More Attacks of Insanity	<input type="checkbox"/> Narcotic Drug Addiction		<input type="checkbox"/> Insanity	<input type="checkbox"/> Psychopathic Personality	<input type="checkbox"/> Chronic Alcoholism		<input type="checkbox"/> Sexual Deviation			
<input type="checkbox"/> Chancroid	<input type="checkbox"/> Hansen's Disease, Infectious	<input type="checkbox"/> Tuberculosis, Active	<input type="checkbox"/> Tuberculosis, Not Active																									
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<input type="checkbox"/> Sexual Deviation																												
EXAMINATION FOR TUBERCULOSIS			TUBERCULIN SKIN TEST (See USPHS Instructions)																									
CHEST X-RAY REPORT			<input type="checkbox"/> No reaction																									
<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Done			<input type="checkbox"/> Reaction _____ mm																									
Describe findings:			<input type="checkbox"/> Not Done																									
DOCTOR'S NAME (Please print)		DOCTOR'S NAME (Please print)																										
DATE READ		DATE READ																										
SEROLOGIC TEST FOR SYPHILIS		SEROLOGIC TEST FOR HIV ANTIBODY																										
<input type="checkbox"/> Reactive Titer (Confirmatory test performed - indicate treatment under Remarks)		<input type="checkbox"/> Positive (Confirmed by Western Blot or equally reliable test)																										
<input type="checkbox"/> Nonreactive		<input type="checkbox"/> Negative																										
<input type="checkbox"/> Not Done		<input type="checkbox"/> Not Done																										
TEST TYPE:		TEST TYPE:																										
DOCTOR'S NAME (Please print)		DOCTOR'S NAME (Please print)		DATE READY																								
DATE READ		DATE READY																										
OTHER SPECIAL REPORT(S) (When needed)																												
DOCTOR'S NAME (Please print)																												
REMARKS																												
APPLICANT CERTIFICATION																												
I certify that I understand the purpose of the medical examination and I authorize the required tests to be completed. The information on this form refers to me.																												
Signature				Date																								
DOCTOR'S NAME (Please type or print clearly)		DOCTOR'S SIGNATURE		DATE																								

DO NOT WRITE IN THIS BLOCK

- 212 (a) (1) 212 (a) (10) Fee Stamp
 212 (a) (3) 212 (a) (12)
 212 (a) (6) 212 (a) (19)
 212 (a) (9) 212 (a) (23)

A. Information about applicant -

1. Family Name (Surname in CAPS) (First) (Middle)

2. Address (Number and Street) (Apartment Number)

3. (Town or City) (State/Country) (ZIP/Postal Code)

4. Date of Birth (Month/Day/Year) 5. I&N File Number
A-

6. City of Birth 7. Country of Birth

8. Date of visa application 9. Visa applied for at:

10. Applicant was declared inadmissible to the United States for the following reasons: (List acts, convictions, or physical or mental conditions. If applicant has active or suspected tuberculosis, the reverse of this page must be fully completed.)

11. Applicant was previously in the United States, as follows:

City & State	From (Date)	To (Date)	I&NS Status

12. Social Security Number

B. Information about relative, through whom applicant claims eligibility for a waiver -

1. Family Name (Surname in CAPS) (First) (Middle)

2. Address (Number and Street) (Apartment Number)

3. (Town or City) (State/Country) (ZIP/Postal Code)

4. Relationship to applicant 5. I&NS Status

C. Information about applicant's other relatives in the U.S. (List only U.S. citizens and permanent residents)

1. Family Name (Surname in CAPS) (First) (Middle)

2. Address (Number and Street) (Apartment Number)

3. (Town or City) (State/Country) (ZIP/Postal Code)

4. Relationship to applicant 5. I&NS Status

1. Family Name (Surname in CAPS) (First) (Middle)

2. Address (Number and Street) (Apartment Number)

3. (Town or City) (State/Country) (ZIP/Postal Code)

4. Relationship to applicant 5. I&NS Status

1. Family Name (Surname in CAPS) (First) (Middle)

2. Address (Number and Street) (Apartment Number)

3. (Town or City) (State/Country) (ZIP/Postal Code)

4. Relationship to applicant 5. I&NS Status

Signature (of applicant or petitioning relative)

Relationship to applicant Date

Signature (of person preparing application, if not the applicant or petitioning relative) I declare that this document was prepared by me at the request of the applicant, or petitioning relative, and is based on all information of which I have any knowledge.

Signature

Address Date

Initial receipt	Resubmitted	Relocated		Completed		
		Received	Sent	Approved	Denied	Returned

**To be completed for applicants with
active tuberculosis or suspected tuberculosis**

A. Statement by Applicant

Upon admission to the United States I will:

1. Go directly to the physician or health facility named in Section B;
2. Present all X-rays used in the visa medical examination to substantiate diagnosis;
3. Submit to such examinations, treatment, isolation, and medical regimen as may be required; and
4. Remain under the prescribed treatment or observation whether on inpatient or outpatient basis, until discharged.

Signature of Applicant

Date

B. Statement by Physician or Health Facility

(May be executed by a private physician, health department, other public or private health facility, or military hospital.)

I agree to supply any treatment or observation necessary for the proper management of the alien's tuberculous condition.

I agree to submit Form CDC 75.18 "Report on Alien with Tuberculosis Waiver" to the health officer named in Section D:

1. Within 30 days of the alien's reporting for care, indicating presumptive diagnosis, test results, and plans for future care of the alien; or
2. 30 days after receiving Form CDC 75.18 if the alien has not reported.

Satisfactory financial arrangements have been made. (This statement does not relieve the alien from submitting evidence, as required by consul, to establish that the alien is not likely to become a public charge.)

I represent (enter an "X" in the appropriate box and give the complete name and address of the facility below.)

- 1. Local Health Department
- 2. Other Public or Private Facility
- 3. Private Practice
- 4. Military Hospital

Name of Facility (please type or print)

Address (Number & Street) (Apartment Number)

City, State & ZIP Code

Signature of Physician

Date

C. Applicant's Sponsor in the U.S.

Arrange for medical care of the applicant and have the physician complete Section B.

If medical care will be provided by a physician who checked box 2 or 3, in Section B., have Section D. completed by the local or State Health Officer who has jurisdiction in the area where the applicant plans to reside in the U.S.

If medical care will be provided by a physician who checked box 4., in Section B., forward this form directly to the military facility at the address provided in Section B.

Address where the alien plans to reside in the U.S.

Address (Number & Street) (Apartment Number)

City, State & ZIP Code

D. Endorsement of Local or State Health Officer

Endorsement signifies recognition of the physician or facility for the purpose of providing care for tuberculosis. If the facility or physician who signed in Section B is not in your health jurisdiction and is not familiar to you, you may wish to contact the health officer responsible for the jurisdiction of the facility or physician prior to endorsing.

Endorsed by: *Signature of Health Officer*

Date

Enter below the name and address of the Local Health Department to which the "Notice of Arrival of Alien with Tuberculosis Waiver" should be sent when the alien arrives in the U.S.

Official Name of Department

Address (Number & Street) (Apartment Number)

City, State & ZIP Code

Please read instructions with care.

If further assistance is needed, contact the office of the Immigration and Naturalization Service with jurisdiction over the intended place of U.S. residence of the applicant.

NOTE: PARTS II AND III MUST BE TYPEWRITTEN OR PRINTED PLAINLY IN INK. IF ILLEGIBLE, FORM WILL BE RETURNED WITHOUT PROCESS.

PART II (See instructions on other side)

Identification of the military facility in the United States; or of the clinic, hospital, institution, school, or other specialized facility or of the specialist, in the United States, issuing the statements in this Part:

(A) NAME OF FACILITY OR SPECIALIST	(B) ADDRESS AND PHONE NO. WITH AREA CODE
------------------------------------	--

I hereby affirm -

- (1) That the facility or specialist named above has agreed to evaluate the person ("applicant") specified in part I within 30 days after arrival the United States.
- (2) That the specified person, the sponsoring family member, or other responsible person has made complete financial arrangements for payment of any charges that may be incurred after arrival for studies, care, training, and service.
- (3) That I will send the following data to the Centers for Disease Control and Prevention, National Center for Infectious Diseases, Division Quarantine (E03), Atlanta, Georgia 30333:
 - (a) An initial report, giving a complete current evaluation of the specified person's physical /mental status including information concerning the person's harmful behavior associated with the diagnosed physical/mental disorder-- to be sent within 30 days after his/her arrival at the above facility or office.
 - (b) A prompt notification of the person's failure to report to the facility or specialist within 30 days after being notified by the United States Public Health Service that the person has arrived in the United States.
- (4) That the person will be in an outpatient, an inpatient, study, or other specified status as determined by the specialist or facility during the initial evaluation and for any appropriate clinical follow up and/or medical supervision as may be required.

NAME OF COMMANDER OF MILITARY FACILITY; OR DIRECTOR OF FACILITY IN THE UNITED STATES; OR SPECIALIST IN THE UNITED STATES.

(C,)Signature of Commander, Director, or Specialist	(D) (Type or print plainly name of person who signed in item C, their official title and date) Date _____
---	--

DO NOT WRITE IN THIS BLOCK

APPROVED _____

Robert B. Wainwright, MD, D.T.M. & H., Director
Division of Quarantine
National Center for Infectious Diseases
Date _____

Public reporting burden of this collection of information varies from 2 to 12 minutes with an estimated average of 12 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-006). Do not send the completed form to this address.

PART III (See instructions on other side)

I hereby affirm -

- (1) That I will comply with any special travel requirements specified in Part I, Item (E), of this form (other side.)
- (2) That upon admission to the United States, I will proceed directly to the facility or specialist identified in Part II above.
- (3) That I will submit to such further examinations or treatments as required.
- (4) That the necessary expenses required for such further examinations or treatments will be met, and I will not become a public charge.

(Signature of Applicant)	(U.S. Address and Phone No. with Area Code)	(Date)
--------------------------	---	--------

I hereby affirm - that I am completing this part on behalf of the applicant, and that the above requirements concerning the applicant will be fulfilled.

(Signature of Sponsor)	(Relationship)	(U.S. Address and Phone No. with Area Code)	(Date)
------------------------	----------------	---	--------

Note: Failure to comply with the terms, conditions, and controls under which you are entering the U.S. with an approved waiver of inadmissibility may subject you to deportation under Section 241(a) of the Immigration and Nationality Act.

**TO BE COMPLETED FOR APPLICANTS WITH
HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION**

A. Statement by Applicant

Upon admission to the United States I will:

1. Go directly to the physician or health facility named in Section B;
2. Present copies of diagnostic tests used in the visa examination to substantiate diagnosis;
3. Submit to counseling and such examinations, treatment, and medical regimen as may be required; and
4. Remain under prescribed treatment or observation whether on inpatient or outpatient basis, until discharged.

Signature of Applicant

Date

B. Statement by Physician or Health Facility

(May be executed by a private physician, health department, or other public or private facility or military hospital.)

I agree to supply counseling and any treatment or observation necessary for the proper management of the alien's HIV infection condition.

I agree to submit a copy of my evaluation of the alien's condition to the health officer named in Section D and to the Division of Quarantine (E03), Centers for Disease Control, Atlanta, Georgia 30333:

1. Within 30 days of the alien's reporting for care indicating plans for future care of the alien; or
2. A report that the alien has not reported within 30 days after receiving a notice from the Division of Quarantine, CDC.

Satisfactory financial arrangements have been made. (This statement does not relieve the alien from submitting evidence, as required by consul, to establish that the alien is not likely to become a public charge.)

I represent (enter an "X" in the appropriate box and give the complete name and address of the facility below:)

- 1. Local Health Department
- 2. Other Public or Private Facility
- 3. Private Practice
- 4. Military Hospital

Name of Physician or Facility (Please type or print)

Address (Number & Street)

City, State, & Zip Code

Signature of Physician

Date

C. Applicant's Sponsor in the U.S.

Arrange for medical care of the applicant and have the physician or facility complete Section B.

If medical care will be provided by a physician who checked box 2 or 3, in Section B, have Section D completed by the local or State Health Officer who has jurisdiction in the area where the applicant plans to reside in the U.S.

If medical care will be provided by a physician who checked box 4, in Section B, forward this form directly to the military facility at the address provided in Section B.

Address where the alien plans to reside in the U.S.:

Address (Number & Street)

(Apartment Number)

City, State, & Zip Code

D. Endorsement of Local or State Health Officer

Endorsement signifies recognition of the physician or facility for the purpose of providing care for HIV infection. If the facility or physician who signed in Section B, is not in your health jurisdiction and is not familiar to you, you may wish to contact the health officer responsible for the jurisdiction of the facility or physician prior to endorsing.

Endorsed by: Signature of Health Officer

Date

Enter below the name and address of the Local Health Department to which the "Notice of Arrival of Alien with HIV Infection Waiver" should be sent when the alien arrives in the U.S.

Official Name of Department

Address (Number & Street)

(Apartment Number)

City, State, & Zip Code

Please read instructions with care.

If further assistance is needed, contact the office of the Immigration and Naturalization Service with jurisdiction over the intended place of U.S. residence of the applicant.

NOTE: If you are approved for a waiver and after admission to the U.S. you fail to comply with the terms, conditions, and controls that were imposed, you may be subject to deportation under Section 241(a) of the Immigration and Nationality Act.

Countries reporting no cases of rabies*

The following countries and political units reported that rabies was not present during 1996–1997.

Region	Countries
Africa	Cape Verde, Libya, [†] Mauritius, [†] Reunion, Seychelles [†]
Americas	<p>North: Bermuda; St. Pierre and Miquelon</p> <p>Caribbean: Antigua and Barbuda; Aruba; Bahamas; Barbados; Cayman Islands; Guadeloupe; Jamaica; Martinique; Netherlands Antilles (Bonaire, Curaçao, Saba, Sint Maarten, and St. Eustatius); St. Christopher (St. Kitts) and Nevis; St. Martin; St. Vincent and Grenadines; Virgin Islands (U.K. and U.S.)</p> <p>South: Uruguay</p>
ASIA	Bahrain; Brunei; Hong Kong; Japan; Kuwait; Malaysia (Malaysia-Sabah [†]); Maldives; Qatar; Singapore; Taiwan
EUROPE	Albania; Cyprus; Denmark; Faroe Islands; Finland; Gibraltar; Greece; Iceland; Ireland; Isle of Man; Italy; Jersey; Macedonia; Malta; Monaco; Norway (mainland); Portugal; Spain (except Ceuta/Melilla); Sweden; United Kingdom
OCEANIA	American Samoa; Australia; Cook Islands; Fiji; French Polynesia; Guam; Indonesia (with exception of Java, Kalimantan, Sumatra and Sulawesi); Kiribati; New Caledonia; New Zealand; Niue; Papua New Guinea; Solomon Islands; Tonga; Vanuatu

Most of Pacific Oceania is "rabies-free." For information on specific islands not listed above, contact the Centers for Disease Control and Prevention, Division of Quarantine.

*Bat rabies exists in some areas that are free of terrestrial rabies.

[†]Countries whose classifications may be considered provisional.

(1) World Health Organization: World Survey of Rabies 32, (for 1996); Division of Emerging and Other Communicable Diseases, WHO, Geneva, 1998.

(2) WHO Collaborating Centre for Rabies Surveillance and Research: Rabies Bulletin Europe, 1997;21(4).

(3) Pan American Health Organization. Epidemiological surveillance of rabies in the Americas, 1997;29(1-33).

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL
ATLANTA, GEORGIA 30333

NOTICE TO OWNERS AND IMPORTERS OF DOGS

(Please print)

POINT OF ENTRY - CITY Washington, D.C.	DATE 10/20/78
OWNER'S NAME John Doe	PASSPORT No. 12345
OWNER'S COMPLETE ADDRESS & TELEPHONE No. 34 Main Street Richmond, VA 20333 Telephone: 703-123-4567	DRIVER'S LICENSE No. 000-00-0000 STATE ISSUED Va ADDRESS WHERE DOG(S) WILL BE CONFINED 34 Main Street Richmond, Virginia 20333

The following dog(s) (number, type, age, and description): One (1) Toy French Poodle, age 2 months,
gray/white in color

which arrived on TWA Flight #891
(Kind of conveyance - name of ship; Flight No. of plane; tag No. of vehicle)
from Paris, France, is/are admitted

to the United States, subject to restrictions of section 71.51 of Public Health Service Foreign Quarantine Regulations checked below:

1. "Confinement" for _____ days, which will complete a 30 day period from the date of the antirabies vaccination
(§ 71.51 (c) (2) (i).)
2. "Confinement" until three months of age; then antirabies vaccination to be followed by confinement for 30 days.
(§ 71.51 (c) (2) (ii).)
3. "Confinement" until antirabies vaccination at destination to be followed by "confinement" for 30 days.
(§ 71.51 (c) (2) (iii).)

The above restrictions are imposed under section 71.51 Title 42, Code of Federal Regulations, and compliance is necessary before legal quarantine control of the animal(s) is relinquished.

"Confinement" as used above means "restriction of an animal by the owner or his agent to a building or other enclosure in isolation from other animals and from persons except for contact necessary for its care, or, if it is allowed out of such enclosure, muzzling the animal and keeping it on leash."

NOTICE TO OWNER: You are expected to observe this requirement as a safeguard against the introduction of rabies. A person violating U.S. Foreign Quarantine Regulations which provide for this requirement is a subject to a fine up to \$1000 and /or imprisonment up to 1 year.

/s/ Joseph Brown

(Signature of Government Officer)

Joseph Brown

(Name: Please print or type)

U.S. Customs Inspector

(Title)

Statement to U.S. Government Officer

I certify that I am the owner, or authorized representative of the owner, of the above listed dog(s). I further certify that I acknowledge and will comply with the restrictions checked above. Also, I will be responsible for complying with any additional measures that may be required by health departments or other authority in the State of destination.

Copy sent to:

State health officer in
state of destination

U.S. Quarantine Station
(See reverse side)

/s/ John Doe

(Signature of Owner or Representative)

10/20/78

(Date)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL
CENTER FOR PREVENTION SERVICES
DIVISION OF QUARANTINE
ATLANTA, GEORGIA 30333

SAMPLE

IMPORTATION/DISPOSITION OF NONADMISSIBLE NONHUMAN PRIMATES

Please Type or Print

Port of Entry - City Miami, Florida		Date 10/10/78
Name of Agent/Importer/Owner John Doe		
Street Address 41 Main Street	City Orlando	State Florida

NUMBER IN SHIPMENT BY GENUS AND SPECIES

NUMBER	GENUS AND SPECIES
1	Pan troglodytes (chimpanzee)

United States Public Health Service Regulations (42 CFR, Part 71, Section 71.53) prohibit the importation of nonhuman primates except for bona fide scientific, educational, or exhibition purposes approved by the Director, Centers for Disease Control. Nonhuman primates excluded from entry under the provision of Section 71.53 shall at the owner's option and expense, be exported, destroyed, or given to a scientific, educational, or exhibition facility under arrangements approved by the Director, Centers for Disease Control. Exportation shall be permitted only if the owner exports the nonhuman primate(s) within a reasonable time.

In accordance with the provisions of Section 71.53, I hereby authorize the disposition of the excludable nonhuman primate(s) in the following manner:

- Donated to a facility approved by
Director, CDC
 Destroyed
 Exported

Statement to U. S. Quarantine Officer:

I certify that I am the agent/importer/owner of the above listed nonhuman primate(s), I further certify that I acknowledge that said nonhuman primate(s) will be detained under CUSTOM'S CUSTODY, at my expense, pending disposition, at my expense, in the manner indicated above.

/s/ John Doe

Signature of Agent/Importer/Owner

10/10/78

Date

/s/ Joseph Brown

Signature of Quarantine Officer

10/10/78

Date

SAMPLE

DONATION TO APPROVED FACILITY

Receipt acknowledged for

(number)

(genus and species)

nonhuman primate(s).

Name and Address of Approved Facility

Signature

Date

DESTRUCTION

I hereby certify that

(number)

(genus and species)

nonhuman primates have been destroyed on this date.

Signature

Date

Name and Address of Facility

EXPORTATION

1

Pan troglodytes (chimpanzee)

nonhuman primate(s) shipped to:

(number)

(Genus and species)

Rio de Janeiro, Brazil

on

PA #441

(destination)

(flight number)

October 12, 1978

Joe Brown

Date

Quarantine Officer

Permit to Import or Transfer Etiological Agents or Vectors of Human Disease

In accordance with 42 CFR Section 71.54 of the Public Health Service Foreign Quarantine Regulations, cited on the bottom of this permit, permission is granted the permittee to import into any port under control of the United States, or to receive by transfer within the United States, the material described in Item 1 below.

PHS PERMIT NO.:	99-01-0000
DATE ISSUED:	June 15, 1999
VALID FOR:	<input type="checkbox"/> 6 months from date issued <input type="checkbox"/> 1 year from date issued
1. DESCRIPTION OF MATERIAL	EXAMPLE
2. PERMITEE (NAME, ORGANIZATION, ADDRESS)	
3. SOURCE OF MATERIAL (NAME, ORGANIZATION, ADDRESS, COUNTRY)	
4. TYPE OF PERMIT AND INSTRUCTIONS FOR USE	<input type="checkbox"/> Single importation into US <input type="checkbox"/> Single Transfer within US <input type="checkbox"/> Multiple Importation into US <input type="checkbox"/> Multiple Transfers within US A. Record of each importation shall be maintained on permanent file by permittee. B. Enclosed label(s) must be forwarded to the shipper(s). C. One label shall be affixed to shipping container. Enclosed labels may be photocopied.
5. CONDITIONS OF ISSUANCE ITEMS APPLICABLE WHEN CHECKED	<input type="checkbox"/> A. Subsequent distribution, within the U.S., of the material described in this permit is prohibited without prior authorization by the Public Health Service. <input type="checkbox"/> B. All material is for laboratory use only - Not for use in the production of biologics for humans or animals. <input type="checkbox"/> C. All material is free of tissues, serum and plasma of domestic and wild ruminants, swine and equines. <input type="checkbox"/> D. Additional requirements: <input type="checkbox"/> File Form EA-101 with CDC (404-639-4418) for Select Agents as defined in 42 CFR 72.6. <input type="checkbox"/> IATA Packaged to preclude escape. <input type="checkbox"/> USDA permit may be required, 301-734-7830. <input checked="" type="checkbox"/> E. Work with the agent(s) described shall be restricted to areas and conditions meeting requirements described in the CDC/NIH publication "Biosafety in Microbiological and Biomedical Laboratories. <input checked="" type="checkbox"/> F. Packaging must conform to 42 CFR Section 72 and 49 CFR Sections 171-180. <input type="checkbox"/> G. Select Agent. Receiving facility must be registered under 42 CFR Part 72.6.
6. COPY SENT TO: <input checked="" type="checkbox"/> STATE HEALTH OFFICER <input checked="" type="checkbox"/> U.S. QUARANTINE STATION	7. Signature of issuing officer Mark L. Hemphill, M.S., Office of Health and Safety

CDC 0.728 (F 13.40)
 REV. 2-91

§71.54. Etiological agents, hosts, and vectors

- (a) A person may not import into the United States, nor distribute after importation, any etiological agent or any arthropod or other animal host or vector of human disease, or any exotic living arthropod or other animal capable of being a host or vector of human disease unless accompanied by a permit issued by the Director.
- (b) Any import coming within the provisions of the section will not be released from custody prior to receipt by the District Director of the U.S. Customs Service of a permit issued by the Director.

Note: Other permits may be required.



**DENIED ENTRY/DISPOSITION FORM
(Hand Carried Baggage/Cargo)**

Date	Port of Entry	Airline/Carrier #	Time	Quarantine Inspector(s)
Name of Agent/Importer/Owner		Address		Telephone No.
Passport Information				Fax No.
Broker Name/Address/Phone No.			Airline Representative Name/Address/Phone No.	
Number of Items Denied		Airway Bill #		
Condition of Items Denied		Description of Items Denied		
Type Container				
Reason for Denial <input type="checkbox"/> 42 CFR Part 71 <input type="checkbox"/> IATA Regulations <input type="checkbox"/> International Health Regulations				
Suggested Disposition of Item(s) <input type="checkbox"/> Destroy <input type="checkbox"/> Await Permit <input type="checkbox"/> Repackage <input type="checkbox"/> Donate <input type="checkbox"/> Export <input type="checkbox"/> Abandoned				
Final Disposition of Item(s)				Date
Signature of Owner/Agent/Importer				Date
Signature of Quarantine Inspector				Date

Acceptance/Chain of Custody

Date	Name Individual/Agency/ Organization	Phone No.	Item	Quantity	Representative Signature

**“Principles of Quarantine” Class Objectives
Conducted for U.S. Immigration and Naturalization Service Inspectors**

- ❑ To provide a practical, current definition of quarantine concepts and related CDC statutory and regulatory authority.
- ❑ To provide a conceptual framework for practical, work-site judgments related to disease control and referral to the Public Health Service.
- ❑ To provide practical guidelines and specific contact information for communication and referral to the Public Health Service.
- ❑ To provide a conceptual framework for understanding the changing nature of current infectious disease threats.
- ❑ To provide an overview of medical documents related to immigration and naturalization with an outline of instructions for handling.
- ❑ To conduct discussion related to observable signs of contagious illness.
- ❑ To provide a brief overview of importations of public health importance and the associated required permits.
- ❑ To emphasize the disease hazards associated with the importation of non-human Primates.
- ❑ To provide an overview of infectious tuberculosis as a contagious disease threat, an inadmissible condition and a quarantinable disease.
- ❑ To provide basic information related to Hepatitis B for consideration of occupational hazard and public health strategies.

**“Principles of Quarantine” Class Objectives
Conducted for U.S. Customs Service Inspectors**

- ◆ To provide a practical, current definition of quarantine concepts and related CDC statutory and regulatory authority.
- ◆ To provide a conceptual framework for practical, work-site judgments related to disease control and referral of related issues to the Public Health Service.
- ◆ To provide practical guidelines and specific contact information for communication and referrals to the Public Health Service.
- ◆ To provide a conceptual framework for understanding the changing nature of current infectious disease threats.
- ◆ To provide an overview of importations of public health importance and the associated required permits.
- ◆ To emphasize the disease hazards associated with the importation of Non-human Primates.
- ◆ To provide basic information related to observable signs of contagious illness and appropriate referral responses.